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Family and systemic psychotherapists' experiences of personal therapeutic consultations as a tool for personal and professional development in training

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Abstract

This study investigated family therapists' experiences of personal therapeutic consultations during their training and how this related to personal and professional development (PPD). Interpretive Phenomenological Analysis was used to analyse one semi-structured interview with each of four participants. Results: The consultations provided a unique and powerful learning opportunity, including learning about the interactional elements of family therapy, therapeutic relationship factors and relational roles. The consultations also affected the lives of family members who attended, and in some cases, those who did not. The results raise several ethical considerations including, confusion about the boundary between the therapeutic consultations and family therapy, preparedness, and considerations about what we are asking of our families. It is argued that this is a valuable learning opportunity and should be repeated as long as attention is paid to the ethical points highlighted.

Practitioner points

- Family therapy trainees' participation in personal therapeutic consultations with members of the trainee's own family may have a powerful effect on their learning and subsequent family therapy practice.
- Training institutions and future trainees should be aware of the affect that personal therapeutic consultations can have on relationships.
- Training institutions should consider personal therapeutic consultations as a tool for PPD as long as attention is paid to the ethical implications highlighted in this study.

Introduction

The importance of the 'self' of the family therapist has been evident as far back as Bowen (1978) who proposed that therapists who had worked through their own family difficulties would be more effective in their clinical work with client families. There is strong opinion suggesting that therapeutic impasses are often the result of therapists' personal and relational resonances, and therefore attention to these issues is an important aspect of therapy, supervision and training (e.g. Carlson & Erickson, 2001, Faskas & Perlesz, 1996, Haber & Hawley, 2004, Lerner, 1999, Timm & Blow, 1999).

Personal and professional development (PPD), as defined by the UK Association of Family Therapy (AFT), is the "...exploration of the contribution of 'self' (both personal and professional) to direct work with clients and other aspects of professional work" (AFT, 2011, p8). UK training institutions are required at postgraduate qualifying level to facilitate PPD within the 300 hours of clinical learning within a supervision group, as well as providing an extra 25 hours of dedicated PPD time (AFT, 2011). Woodcock & Rivett, (2007) have described how this was implemented in one such programme. The programme required trainees to attend three "therapeutic consultations" with an external consultant, ideally with their own family. The purpose was to allow trainees "to experience and reflect on the person of the therapist from within an experience akin to family therapy" (Woodcock & Rivett, 2007, p.352).

Clearly this PPD activity has parallels with the wider psychotherapeutic community who widely hold personal therapy as an important factor in PPD (Norcross et al, 2008). Large international surveys have found that personal therapy is consistently ranked in the top three sources of professional development, along with direct patient contact and formal case supervision (Orlinsky and Ronnestad, 2005). Small scale interview-based studies have reported benefits of personal therapy including learning about the therapeutic process, including aspects of power, boundaries and safety (Macran et al, 1999, Grimmer and Tribe,

2001, Risq and Target, 2008), an increased understanding of those factors attributable to client and those attributable to therapist in a session (Macran et al, 1999, Grimmer and Tribe, 2001), and an increased awareness of the dynamics of therapeutic relationships (Risq and Target, 2008, Von Haenisch, 2011). Further trainees' personal experience in the client role served to validate their beliefs about, and commitment to, the therapy model in which they were being trained (Grimmer and Tribe, 2001).

Yet despite a wealth of "compelling" (Norcross, 2005, p. 947) evidence in the wider psychotherapeutic community, a search of the literature on 'personal therapy' or 'personal and professional development' and family therapy from the 1970s to the present found few discussions of this topic and only one empirical study, by Guldner (1978), discussed below. So given that other psychotherapeutic traditions have used personal therapy as part of PPD, why has the family therapy tradition not been as keen? One answer could be the ethics of training institutions asking, promoting or requiring trainees' families to be exposed to the power of a systemic intervention (Hildebrand, 1998). Yet without those family members the experience risks becoming incongruent (Hildebrand, 1998) or counterproductive (Guldner, 1978). Perhaps because of this, trainers have opted for other methods of PPD, such as clinical supervision (Flaskas & Peresz, 1996, Macran & Shapiro, 1998), or group based activities (Hildebrand, 1998, Aponte & Winter, 2000, Lum, 2002).

The one empirical study found was a pilot project described by Guldner (1978) in which family therapy trainees in Canada were required to attend personal therapy with their own families, the aim being to promote growth and self understanding. Guldner (1978) reported that all trainees accepted this as a positive element to their training, they learned about the therapy process in and out of the therapy session, about beginnings and endings, and the integration of theoretical concepts into lived experience.

The "therapeutic consultations" described by Woodcock and Rivett (2007) shared similar aims. The programme emphasised that the experience was not intended to provide therapy

but rather to "...deepen the trainees' understanding of 'self' and to provide an opportunity for trainees to experience and reflect on the person of the therapist within an experience akin to family therapy" (p.352). Trainees were encouraged to attend the consultations with family, friends or colleagues and advised to take 'live issues' to the sessions. The authors reported from course evaluations that seventy per cent of participants attended these sessions with family members. The feedback suggested that trainees learnt what it feels like to be a 'client family' and experienced significant "news of difference" (p.353). The therapists who provided these therapeutic consultations were apparently very positive and the authors claimed that it was a "success" (p. 354), although this was not defined. Nevertheless, the lead author's personal experience of this programme indicated that a more rigorous, in depth approach to understanding the participants' experiences would be valuable. The aim of this paper is to describe a pilot project which set out to examine the experience of the therapeutic consultations from the perspectives of the trainees themselves, with particular interest in how the consultations affected their subsequent practice.

Method

A qualitative, interview-based research method, Interpretive Phenomenological Analysis (IPA, Smith et al, 2009) was chosen for this pilot study. IPA has been used previously by Rizq and Target (2008) in the investigation of personal therapy for counselling psychologists. IPA is not only concerned with the how participants make sense of their experience, but addresses how the researcher makes "sense of the participants trying to make sense of their world" (Smith & Osborne, 2003, p53). In this respect IPA comes from an epistemological stance that there is an objective reality, but we can only really know it through our own subjective lenses (Dallos & Vetere, 2005).

As mentioned above, the researcher (lead author of the paper) had been a trainee on the programme himself and had taken part in the therapeutic consultations with family members. He therefore brought his own experience to the investigation. This experience, while

providing an insight into the participants' experiences, could of course be a potential source of bias and consequently, precautions were taken. The researcher formulated the research questions and designed the semi-structured interview schedule, which was reviewed and approved by his academic supervisor (second author), who was not a member of the programme staff. Nevertheless, the researcher would inevitably interpret the interview data through his own particular lens (Smith et al., 2009). Therefore, in accordance with the guidelines for IPA, efforts were made to achieve a high level of validity and quality in this research by producing a comprehensive "audit trail" (Dallos & Vetere, 2005, p.206); an independent researcher with prior knowledge in this area and expertise in the use of IPA (third author) was recruited to conduct a validation audit of all the materials from the original transcripts, through the analysis, to the final write-up (Smith et al, 2009). It should be noted that the designers of the therapeutic consultations considered here (Woodcock and Rivett) had both left the programme before this research was conceived and played no part in its development.

Sample

In line with the values of IPA, that is "understanding particular phenomena in particular contexts" (Smith et al, 2009, p 29), a homogenous sample was recruited from family therapists who had trained in the programme and who had experienced the 'therapeutic consultations'. Three cohorts of ex-trainees were invited to participate. Six individuals responded, two were excluded because they had a pre-existing relationship with the researcher which might have compromised the study. Four ex-trainees took part: a sample size adequate for an exploratory study using IPA methodology (Smith et al, 2009).

Given that the sample was recruited from a small identifiable population no demographic information was collected and pseudonyms are used in this paper.

The procedure for data collection and analysis closely followed that suggested by Smith et al (2009). A semi-structured interview schedule was devised covering participants' views about attending the consultations, the recruitment of their families, the effect on them and their families, what they felt they had learned, and how they believed it affected their subsequent practice.

The interviews were recorded and transcribed verbatim. Analysis involved several stages: line by line encounter with the text, identifying preliminary themes and grouping themes together as clusters. IPA works with small samples using an inductive approach with cross-case comparisons with the aim of critiquing and contributing to a body of literature.

This project was approved on behalf of the university Research Ethics Committee, and all participants consented to the material, including quotations being used in a subsequent publication.

Results

The analysis shaped the emergent themes into three super-ordinate themes and nine related sub-themes. These results are presented in detail through this section and an overview is presented in Table I.

Table: I (inserted here)

Super-Ordinate Theme 1: The personal effects on the trainee and their family

This super-ordinate theme relates specifically to the personal experience of the participants, both in terms of what it was like having to attend the consultations, and any resulting personal change.

Personal and relational effects

Jimmy and his wife had a live issue which they actively pursued through the consultations:

... [the therapist] was able to give us insight [which] I think we may not have arrived at on our own.... We really found it really helpful and useful. Um, and, and we used it in a way that actually helped ameliorate the situation in the family... So it had a positive outcome for us...

At a number of points through his interview Jimmy talked of the powerful personal impact that the consultations had on his personal life and relationships.

Barbara's personal experience was also extremely positive. The consultation had brought up a live issue about one of her children. Thinking and talking about this had created long standing positive personal and relational change as she explained:

...it was really pivotal so it was quite amazing, even in just in a "consultation".....and um, and it made a massive difference, and actually resolved the whole issue...ever since then... I have literally not worried about [the problem] and naturally the whole relationship then changed... it's still reverberating now, so that's well over two years later

Frances described her husband's thoughts about the consultations and the effect it had on her thinking:

...well [my] husband sort of felt like it was, it was like a sort of a non event really, so I don't think, um, he, well he couldn't really see the point of it. He felt it was a bit sort of rambling. ...I suppose that made me kind of question my own choice of career...

Frances did not describe any change in her relationship with her husband, or any other members of her family, although she did describe how her husband's reaction affected her personally.

Rachael had decided to have one session with her daughter, one with her son and one with her mother. Rachael reported that her daughter came out of first session, saying:

“Never again, don’t ever ask me to do anything like that ever again!” She absolutely hated it...It stirred up so much stuff for my daughter that I thought “Actually I’m not going to do that to my son”.

She reflected on

“...how it feels to be exposed, in your family. I mean that’s what I, what I learnt really, and the, you know the heart-wrenching feeling of, of feeling my daughter being exposed and getting really upset and you know that wasn’t... what I planned

Rachael considered the consultation to have been a powerfully negative and “damaging” experience for her daughter which affected their relationship. Consequently, she decided not to take anyone else to the remaining consultations. However, this decision itself backfired. Rather than feeling relieved at avoiding an adverse experience, her son felt deprived, as if he had been “ripped off” in some way.

To a greater or lesser degree the consultations had a personal and/or relational effect, and it appears from the interviews that these effects were present whether the participants, or their families, were seeking them or not. It is worth noting that those participants who had the most positive experience had partners who were also psychotherapists

An emotional experience

The consultations provoked an emotional reaction in all of the participants that started when they first heard about the consultations, and continued right through to having completed them. Participants’ initial reactions ranged from feeling positive and reassured, to feeling aghast. Fear about involving one’s family was present, to greater or lesser degrees, with all of the participants. A common fear in all of the interviews appears to be related to a feeling of being out of control, not knowing what either the therapist or other family members might bring up, and an anxiety about the conversation going in an unexpected direction.

Frances and Rachael found the experience, particularly in relation to the effects mentioned in the previous sub-theme, difficult (Frances) and uncomfortable (Rachael). For two of the participants opening up the personal to a professional was anxiety provoking. Barbara felt initially worried about being under scrutiny and experienced a fear of being judged, and for Rachael the thought of bringing her personal life and relationships into what she perceived as her professional circles was scary and exposing.

Super-ordinate Theme 2: A practice changing experience

This super-ordinate theme relates specifically to the learning and resulting change in practice that occurred as a result of the consultations.

Interactional learning

All of the participants considered that they learned a lot from experiencing the interactional elements of taking their families into a therapeutic consultation. For Rachael one of the learning points related specifically to being challenged by other family members.

Yea I'm used to, you know, talking about my son or talking about my daughter or talking about my relationship with my mum, not actually having them there saying "well actually it wasn't like that"...

Later on in the interview she made links between how the identifying of difference, or the receiving of new information, contributes to therapeutic change, and this excerpt appears to suggest that the challenging from her family opened up the possibility for such an opportunity.

For Frances, her interactional experience highlighted a potential barrier to the therapeutic process. She was conscious of how her husband might hear her and so filtered information, and this filtering gave her a useful understanding that her clients may also not be giving her

the full picture, and that has enabled her to think differently about this aspect of interactional therapy.

For Rachael and Barbara some interesting thinking emerged in relation to the appropriateness and usefulness of having different family constellations. Barbara felt a need to protect her children from particular conversations, and having the opportunity to decide not to bring her children opened up the possibility for a conversation that would not have been possible otherwise. For Rachael the experience was slightly different. Her experience of being a mother in the session with her daughter sparked a desire to have a session with her mother. She appeared to identify how different constellations can enable people to speak from the different roles that people play in their own families.

All participants thought that having other people present added richness to the learning that would not have been present had they attended the consultations alone. Moreover that richness appears to be amplified by having attended with those people they were close to because the subject matter is real and personal.

The therapeutic relationship

This sub-theme describes the participants' accounts of several areas that all relate to the therapeutic relationship. These include the connection to the therapist, collaboration and alignment, intimacy, safety and boundaries.

Jimmy described how he felt an emotional connection to his consultant and links this to he and his wife being able to let the therapist in. He made links between feeling safe and held, and wanting to replicate that in his work with client families by attending to issues of safety from the first session on.

For others the consultations focused their thinking about therapeutic safety by the way in which the sessions were structured and boundaried. Frances described how her experience

reinforced the importance of starting out well by attending to safety issues in the first session, thus creating a containing place. Barbara also experienced how the way in which sessions are structured creates a context for emotional talk. Like Jimmy, she too described how the subtle skills of the therapist can influence how emotional and containing sessions can be.

Therapeutic safety was also an important issue for Rachael and the consultations created some important learning for her in this area. Her experience with her daughter acutely focused her thinking on attending to the emotional wellbeing of her clients, and for her highlighted emotion as an important therapeutic topic.

For three of the four participants issues of alignment came to the fore. Through their different experiences they recognised that the alliances that occur within families are an important therapeutic factor. For Rachael the fear that her children may be aligned more to each other than to her seemed important. Jimmy made several references to the alliance he had with his wife contributing to the successful outcome of the sessions. In both of these interviews the importance of family members being aligned in the purpose of therapy is implicit. Frances made this link explicitly. She learned from her experience that unless family members are aligned in their therapeutic agenda then the usefulness of family therapy is reduced.

For Rachael and Jimmy the consultations triggered thinking about joining with families that extended beyond the therapy session. For them, the consultations focused their thinking on the pre and post session experiences of families, and they described how they directly attend to that in their subsequent work.

Blind spots and relational roles

For Barbara and Rachael the consultations created an opportunity for them to experience, or at least think about, themselves in different roles – or different selves. For Barbara, the

consultations enabled her to experience the client position as a mother and as a wife and helped her join with people who had similar roles in client families.

Rachael's experience was similar to Barbara's in that she powerfully experienced herself in her role as a mother, and this experience led her to think about how she could experience being a daughter in a session with her mother and identified how these different selves or roles could impact the alliances she has with client family members. She acknowledged that therapists could be "tripped up" and explained how the consultations were useful to her in that way. However, for Rachael the consultations were only part of an overall course focus on the self of the therapist that enabled her to successfully think about these factors in relation to her work.

A Powerful and Unique Learning Tool

The participants considered that the consultations provided a unique and powerful learning opportunity which, they claimed, had significantly influenced their subsequent practice. This appears to have come from the 'experiencing' of the client position rather than the 'witnessing' of the client position from the therapist chair, or from academic learning. Three of the participants specifically compared the learning they acquired on clinical placement to that of the consultations, with the consultations providing a much more powerful learning experience than they could have learned on placement alone. For some participants the consultations strongly reinforced their belief in family therapy, to an extent which they found surprising.

For Rachael the learning appeared to develop through the research interview process. When asked if the effect that the consultations had on her and her family was a price worth paying considering the resulting learning she answered

Yeah, I think it is yeah. But I wouldn't have said that if we hadn't have spent some time looking at how much it has helped my family therapy work. If you had asked me that at the beginning [of the interview] I wouldn't have said yes.

For Rachael the consultation experience brought about significant learning that had lasting impacts on her clinical practice, yet it took some guided reflection (in the form of the research interview) years after the event to fully understand or consolidate the learning. In a much less significant way, this unconsolidated learning seemed to be important for other participants too as they struggled in minor ways to fully articulate the learning they acquired from the consultation process, or who came to new understandings through the interview process.

Super-Ordinate Theme 3: A Big Ask

In this super-ordinate theme the participants recognised the tension between the learning and PPD that they acquired through the process, and the personal and relational cost. The sub-theme *an ethical dilemma* demonstrates this. In the *preparedness* sub-theme some participants described how they were beginning to think about a way of attending to this dilemma, although it is clear to some that this process was hampered by the consultation format, and is illustrated in the sub-theme *consultations or therapy?*

An ethical dilemma

For all of the participants there was an ethical dilemma. There was powerful learning that came from the experience of attending the consultations with their family. However it appeared at some points in all the interviews that it was a “big ask”, and to some degree a controversial ask, to invite family members to attend with the trainees.

Frances likened trainees' families to “conscripts”. With its military and mandatory connotations the description brings forth images of soldiers injured in the fighting of

someone else's cause. It is not hard to imagine that this is what it must have felt like for Rachael's daughter. During the interview Rachael wrestled with this dilemma:

What I think that would be, like I said, what... happened with me, the way I had that one initial session with my daughter and then chose not to bring anyone... I think that actually that would be much more useful for these sessions to... but I dunno, because then I wouldn't have had those experiences

After Rachael described a multitude of useful learning (detailed in the previous super-ordinate theme) that came from the negative experience she had with her daughter, she, in this excerpt, recognised that the learning would not have happened had her daughter not have been there.

All of the participants were in agreement that this dilemma related solely to the involvement of their families. They agreed that it was a reasonable expectation to ask trainee family therapists to engage in the therapy they were training to use.

Preparedness

For all of the participants, adequate preparation seemed important. Frances explained how she felt that she was conscripting her husband into a process that he hadn't fully 'signed up' for, and he continued to not see the point in it. Rachael linked the negative reaction of her daughter to her being unprepared. For Jimmy and Barbara, the fact that their partners were therapists themselves appeared to have a preparatory effect.

For these participants, there appeared to be two important and inextricably linked factors: the participants themselves being adequately prepared by the course, and then how the participants prepared their families. Jimmy explained that the rationale for the consultations was not initially clear to him, and it only became so as the consultations progressed. Rachael explained how, although initially helpful, the consultation guidelines actually had a

negative effect on adequately preparing her for the events that occurred. Rachael explained that, for her, preparation holds the key to both protecting her family and acquiring the learning.

What appears to be implicit in Frances and Jimmy's interviews is that there is a meaning attached to the consultations for the trainees i.e. that they are there as part of their training, however that meaning is less clear for family members.

Consultations or therapy?

For three of the participants, the boundary between therapeutic consultations and family therapy became blurred; each were affected differently.

Although clear with his consultant that he was there for training purposes, Jimmy and his wife had decided to use their sessions as if they were in therapy. Barbara described feeling restricted by the consultation format and feeling stuck somewhere between giving enough of herself for the experience to be meaningful, and holding back because it is "only a consultation". At one point she described feeling embarrassed about feeling upset because it was a consultation and not therapy. However, at another point she described how the structure of the consultations opened up the door for an exploration of the personal, which appeared to add to the confusion. For her the process would have been easier, and perhaps more meaningful if it were described as therapy from the outset.

Of the four participants, Frances found the boundary between consultation and therapy the least confusing. Although like Barbara she found that the format brought to the fore personal issues, it appeared from her interview that the thing that made the consultations less like therapy was the absence of a live issue.

Rachael described the consultations as a therapeutic process. She postulated that part of the reason for her daughter's negative reaction to the consultation was because she was not ready at that point in her life for therapy

Discussion

Reflecting on the findings of this pilot study, it was clear that the consultation experience was a useful one for the four participants' subsequent practice, but that usefulness, at least in part, resulted from exposing their families to the power of a systemic intervention (Hildebrand 1998); for some this had beneficial effects and for others it came at a cost.

A practice changing experience

All four participants, in varying ways, learnt about aspects of the therapeutic process, and is in this respect consistent with the findings of studies of personal therapy in individual psychotherapy (e.g. Grimmer & Tribe, 2001). However, much of the learning related to the interactional elements of family therapy, and the participants described integrating this learning into their subsequent practice.

Consistent with other studies which found that personal therapy highlighted the centrality of the therapeutic relationship (Grimmer & Tribe, 2001, Macran et al 1999, Rizq & Target, 2008, Von Haenisch, 2011), this study identified participants' learning in three of the four domains of the systemic formulation of the therapeutic alliance proposed by Friedlander et al (2006): safety, emotional connection to the therapist and alignment.

Thus, the participants described varied learning relating to *safety within the therapeutic system*, including session structure, therapeutic boundaries and the skills of the therapist, and are consistent with the findings of other studies that focus on individual therapy (Macran et al, 1999, Rizq & Target, 2008). Two of the participants in this study talked explicitly of the *emotional connection to the therapist* as being an important factor, and for three of the

participants the consultations also provoked thinking about the therapeutic importance of family members being *aligned* in the process of therapy. These findings are important if one considers that the therapeutic relationship is an important factor in effective family therapy and possibly accounts for greater outcome variance than the techniques specific to any model (Friedlander et al., 2006). It would be interesting to compare the relative effectiveness of experiential systematic consultations with a more traditional didactic approach to learning about therapeutic alliance (e.g. Carpenter et al. 2008).

Two of the participants talked explicitly about how the consultations enabled them to think about, and experience, themselves in different roles or selves. They developed more of an understanding about the roles that they play in their family and related this to joining with families and to being 'tripped up' in work with families. Although this description of how the person of the therapist impacts on clinical work has a distinctly systemic flavour to it, it does have similarities to other studies that have found that personal therapy has enabled trainees to distinguish what is attributable to themselves, and what is attributable to their clients in therapy (Grimmer & Tribe, 2001, Macran et al, 1999).

For the participants in this study the richness of the learning and power of the consultations came from experiencing these factors from the client position. Some participants suggested that this experiential learning was more powerful than other forms of learning such as clinical placement or academic learning. It is consistent with Rizq & Target's (2008) conclusion that counselling psychologists found personal therapy created learning distinct from intellectual or academic opportunities. For some participants, this experiential learning provided a powerful reinforcing belief in the therapy they were training to use, a phenomenon also found in individual psychotherapy models (Grimmer & Tribe, 2001, Macran et al 1999).

The personal effects on the trainee and their family

The personal and relational effect that the consultations had clearly relates to the participant's PPD. As a result of their personal experiences, participants claimed that they had become more attuned to their clients' feelings, and more aware of the importance of the therapeutic alliance. Two of the participants particularly found their experiences made them more aware of factors outside of the therapy session such as the preparing for, recruiting to, and travel to therapy. As is significant in other studies (Grimmer & Tribe, 2001, Rizq & Target, 2008, Timms, 2010) the participants who had a negative experience integrated that learning into their practice and endeavoured not to recreate similar experiences for their clients.

A potentially important finding of this pilot study is that the personal and relational effects occurred whether or not the participants were actively seeking change. This raises the question about the right trainers have to make such a powerful intervention in trainees' families (Hildebrand, 1998). One possible solution to this dilemma is to consider individual systemic therapy (Hedges, 2005) as a tool for PPD. However, much of the participants' learning directly related to the interactional and relational elements of the experience. When we consider the profound socialisation experience that being a therapy recipient can be (Grimmer and Tribe, 2001), we could at best be diluting the learning experience for trainees, or at worst providing an experience that is incongruent and counterproductive (Guldner, 1978, Hildebrand, 1998).

A 'big ask'

The participants believed that their experiences of the consultations were important, if not essential, in their development as therapists. Where this exploratory study differs from others is in the involvement of participants' families. These results highlight a potentially important ethical dilemma: the PPD that comes from an authentic experience weighed up against the inevitable effects on the families who participate.

The findings from this pilot study indicate that a bridge to span this ethical dilemma lies in the preparation of both the trainee and their family for the inevitable power of the intervention. The results do not fully describe what this preparation may look like but they offer us some clues. One point that emerged was the meaning that family members hold, or have constructed for them, about the purpose of the consultations. One could hypothesise that the meaning for the trainees is clear: they are there for the purposes of training to be family therapists. However for the trainees' families that meaning is less clear. The possible "I am here for the purposes of my partner's/parents/children's training", one would expect, falls short of adequately preparing them for the power of a systemic intervention. But the findings also offer us another clue: those participants who reported the most positive experience had partners who were therapists themselves. One could hypothesise that for those partners, the concept of PPD and therapy is understood, and therefore they went into the consultations with their eyes at least partially open. These results indicate that a challenge for future trainers is how adequately to prepare trainees, how to create meaning for their families, and how to introduce them to the expected power of the intervention so that they can make an informed (ethical) decision as to their involvement. Of course this raises additional dilemmas in relation to young children.

The results also highlight an important and related theme. Three of the participants found confusion in the term 'therapeutic consultation', and is reported in the sub-theme 'consultations or therapy?'. This confusion was reported to either contribute to the negative effect, restrict the overall usefulness of the experience, or invite disregard for the definition all together. As adequate preparation has been highlighted as an important missing factor in the participants' experiences, the way in which the consultations are defined must have to be an important consideration.

Although the participants did not explicitly describe this in their interviews, the issue of power in relationships is implicit through these results. Perhaps some of the confusion about the

consultation experience was compounded by the fact that being required to attend therapeutic consultations as part of their course has more strings attached to it than a client seeking therapy. The fact that something that is labeled as therapeutic but stipulated as mandatory brings parallel relationships (both as client and trainee) to the fore that could ultimately add to the confusion. Woodcock and Rivett (2007) were explicit about how the purpose of the therapeutic consultations was “not to provide ‘therapy’” (p352), perhaps as a way to circumnavigate these issues. Nevertheless, the participants in this study experienced sufficient overlap for issues of power to be attended to by future trainers.

One more ethical consideration emerges from the findings. The research interview process was, for (at least) one participant, a learning and consolidating process. The ethics of asking our families to undertake such a powerful intervention is more questionable if the learning gained is not recognised by the participant.

Implications for the future training of family therapists

The findings of this pilot study provide initial evidence of the power of the therapeutic consultations as a tool for PPD for the participants involved. However, as the findings have indicated, several factors need to be carefully considered before such an intervention is repeated.

Firstly, adequate preparation is essential. Trainees and their families need to be as aware as possible of the power of the therapeutic consultation so that they can, as far as possible, make an informed choice. Directly attending to the meaning of these encounters for family members would be important, perhaps more so for the family as for the trainee therapist. One approach would be for trainers to meet trainees and their families prior to the consultations to explain the process and rationale, clearly defining the process (consultations or therapy) and seeking informed consent. One consequence might be that some families would choose not to participate.

The issue of power, parallel relationships and the confusing boundary between consultations and therapy also needs attention by future trainers. Although these results do not indicate how to attend to this specifically it appears linked to adequate preparation.

Trainers should consider how to facilitate the consolidation of the learning after the consultations, for example, a piece of reflective work such as a discussion group or a reflective essay.

Limitations

The nature of IPA is to describe in some detail the experiences of a small homogenous group of individuals who represent a particular group (Smith and Osborne, 2003), caution therefore needs to be taken in generalising these findings to a wider population. However, in line with IPA methodology, the sample size is adequate for an exploratory study (Smith et al, 2009). Whilst acknowledging this, the reader must take into account that the small and self selecting sample may have positive or otherwise biased attitudes towards the consultation process, raising the possibility that the unheard experiences of the trainees who did not volunteer for the study may be different.

It is also important to recognise that although the researcher endeavoured to remain as open minded as possible in attending to the experiences of the participants, his own positive experience of the therapeutic consultations may have unwittingly influenced the results. The researcher, in choosing the topic area and devising the interview schedule, will have directed the flow of the interviews with the participants, and therefore it raises the question of whether there are further experiences yet untold. However in line with IPA the semi structured interview was used only as a guide and the participants were able to describe experiences not directly enquired about in the interview. The researcher's personal positive experiences of attending the consultations with his family, and the positive effect it had on his practice may have meant that he entered the research wanting to find positive and affirming results.

However the variety of reported experiences, the fact that many of the findings were unexpected, and the presence of a comprehensive audit trail and independent validation, argues that while the researcher's interpretation undoubtedly influenced the results, it has not detracted from the overall validity of the study.

Pre-publication version

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Table I: Themes

Super-ordinate themes	Sub-themes
The personal effects on the trainee and their family	Personal and relational effects An emotional experience
A practice changing experience	Interactional learning The therapeutic relationship Blind spots and relational roles A powerful and unique learning tool
A 'big ask'	An ethical dilemma Preparedness Consultations or therapy?